



PTO/SB/08A (07-05)

Substitute for form PTO/SB/08A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)		Complete if Known	
		Application Number	10/616,764
		Filing Date	July 9, 2003
		First Named Inventor	Mauersberger, Heiko
		Art Unit	2111
Examiner Name	Christopher Anthony Daley		
Attorney Docket Number	016072-001300US		
Sheet	1	of	2

U.S. PATENT DOCUMENTS					
Examiner Initials**	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
CDA CDA CDA CDA	AA	US-5457683A	10-10-1995	Robins	
	AB	US-6256722B1	07-03-2001	Acton et al.	
	AC	US-5555425A	09-10-1996	Zeller et al.	
	AD	US-4972313	11-20-1990	Getson, Jr. et al.	
	AE				
	AF				
	AG				
	AH				
	AI				
	AJ				
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	AL				
	AM				
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FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
	AS							<input type="checkbox"/>
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	AU							<input type="checkbox"/>
	AV							<input type="checkbox"/>
	AW							<input type="checkbox"/>

Examiner Signature		Date Considered	8/14/06
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Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)		Complete if Known			
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		Art Unit	2111		
		Examiner Name	Christopher Anthony Daley		
Sheet	2	of	4	Attorney Docket Number	016072-001300US

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
CAD	BA	DIRK LEINENBACH. Implementierung eines maschinell verifizierten Prozessors, 07/2005	<input type="checkbox"/>
	BB		<input type="checkbox"/>
	BC		<input type="checkbox"/>
	BD		<input type="checkbox"/>
	BE		<input type="checkbox"/>
	BF		<input type="checkbox"/>
	BG		<input type="checkbox"/>
	BH		<input type="checkbox"/>
	BI		<input type="checkbox"/>
	BJ		<input type="checkbox"/>

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